

EMAP Candidate's Guide to Accreditation

June 2008



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I. EMAP Overview

A. Purpose of Accreditation

Emergency management accreditation is a voluntary, non-governmental process of self-assessment, documentation and independent review designed to evaluate, enhance, and recognize quality in emergency management programs. The accreditation process is intended to improve emergency management program capabilities and increase professionalism at the state and local levels, thus benefiting communities those programs serve. The goal of accreditation is to evaluate an emergency management program's organization, resources, plans, and capabilities against current standards to increase effectiveness in protecting the lives and property of residents.

As with most professional accreditation programs, there are several phases in the process: subscription, application, self-assessment, preparation for on-site assessment, on-site assessment and report, committee review and recommendation, accreditation decision, and accreditation maintenance. Reaccreditation follows generally the same process as initial accreditation and also is addressed in this guide.

Through external peer review, the accreditation process involves assessing the degree to which a program has achieved compliance with the criteria in the *Emergency Management Standard by EMAP*. Documentation is reviewed in an on-site assessment by a team of independent assessors from outside the candidate jurisdiction. While some emergency management programs already conduct self-assessments, they are not generally reviewed and verified by emergency managers outside that program. Accreditation provides a mechanism for critical, objective, and constructive review.

B. The *Emergency Management Standard by EMAP*

The Emergency Management Accreditation Program (EMAP) has been designed to facilitate determination of compliance with a collaboratively developed set of standards called the *Emergency Management Standard by EMAP*. Through the integration of these components into one program, the collaborative efforts of many individuals and organizations have yielded a meaningful and scalable set of program standards.

The *Emergency Management Standard* contains 63 standards intended to indicate the components a quality emergency management program has in place. This EMAP language was created by state and local emergency managers. The standards describe "what" a program should accomplish but not necessarily "how" compliance with a standard should be achieved. This provides flexibility to accommodate the variety of sizes and complexity found in state and local emergency management programs in the United States. Compliance with all 63 standards is required for full accreditation.

C. Determining Compliance with Standards

The *Emergency Management Standard* is flexible so that programs of differing sizes, populations, risks, and resources can use it as a blueprint for improvement and can attain compliance with the standard. In applying the wording of the standard, a jurisdiction's hazards and risks should inform the program's method of complying with the standard.

For accreditation purposes, a candidate program must document compliance with each standard. The substance of the self-assessment is using the *Emergency Management Standard by EMAP* to evaluate whether the program meets each of the 63 standards and identifying documentation the program will offer to show that it meets each standard. In determining compliance, the accreditation manager and program personnel might ask

themselves: "Can we provide documentation that would withstand professional and public scrutiny?" For example, if the standard calls for the development of a plan for the hazards identified, and the candidate's plan only partially addresses a hazard, would a trained, experienced emergency manager be satisfied that compliance has been achieved? If a communications system works some of the time, would a reasonable emergency manager consider that capability has been achieved? If a plan is in place, but there are no trained personnel to execute it, is that aspect of the program viable?

D. The Need for Executive-Level Commitment

Executive-level commitment of the chief elected officer to the accreditation process is key to the success in all stages of accreditation. Staff throughout the program should be aware of executive-level buy-in, thus communicating the importance of the process. A memorandum might be issued to acknowledge the program's status as an accreditation candidate, announce the selection of the accreditation manager, and outline the program's steps through the accreditation process. To maintain interest and cooperation in the process within the program, executive leadership should make an effort to coach and update staff throughout the self-assessment process. It is recommended that the accreditation manager be able to directly access and regularly meet with the executive to discuss progress as well as any resources needed to effectively complete the self-assessment and preparations for outside review. See sample letter for executive at *Appendix A*.

E. Selecting the Accreditation Manager

Selecting an effective accreditation manager is one of the most important considerations a program can make, as this individual is responsible for coordinating the analysis of the organization's activities, documents, plans, and procedures in comparison with the *Emergency Management Standard by EMAP*, gathering and organizing supporting documentation of compliance, and coordinating the on-site assessment. Because of the need for a thorough and consistent self-assessment, it is recommended that the candidate program choose a manager who is not likely to be lost to other duties or turnover. The accreditation manager serves not only as the lead for completing the self-assessment but also as the principal contact between the accreditation candidate and EMAP.

F. Role of Program Personnel

It is important to note that by "program", EMAP means a jurisdiction's entire system for coordinating emergency prevention, preparedness, mitigation, response, and recovery. Because of that, EMAP standards and assessment look at aspects of a jurisdiction's system that may sit outside the walls of the emergency management department or agency. By "program personnel", EMAP means individuals involved in the broader program, not just emergency management agency or department staff. Candidate programs should maintain interest and participation of staff from all agencies with a role in the program, which will aid in accomplishing tasks in an effective and timely manner. Program personnel should be involved in both the self-assessment and the on-site assessment processes. Departments and individuals responsible for performing functions related to each standard will be able to assist in documenting compliance. By looking at the self-assessment process as a team effort with cooperation across departments/agencies, the accreditation candidate will likely find self-assessment and documentation activities easier than if one person were tasked with preparing the files alone.

II. The Accreditation Process, Step by Step

A. Accreditation Process Overview

The following step-by-step summary of the EMAP accreditation process is presented to provide more detail about the specific steps that are taken both by the accreditation candidate and by EMAP. Steps in the process are similar to those in other accreditation programs and are:

1. Request Information
2. Program Assessment Tool Subscription
3. Self-Assessment and Documentation
4. Application for Accreditation
5. Preparation for On-Site Assessment
6. On-Site Assessment and Report
7. Committee Review and Recommendation
8. Commission Consideration of Committee Recommendation
9. Accreditation Certificate Presented
10. Accreditation Process Critique

B. Steps to Accreditation

STEP 1: Seek/Request Information

A prospective program or jurisdiction may access information about EMAP and the *Emergency Management Standard by EMAP* via the EMAP web site at www.emaponline.org and/or by sending a request for information to:

Emergency Management Accreditation Program (EMAP)
P.O. Box 11910
Lexington, KY 40578-1910
E-mail: emap@csg.org

The program will receive:

1. EMAP Candidate Guide to Accreditation
2. EMAP Accreditation Process Guide
3. EMAP brochure
4. EMAP E-News, all previous and future editions
5. EMAP Program Assessment Tool Subscription Form
6. Standards Crosswalks with other DHS policies and directives
7. Standard Guidance Materials

STEP 2: Program Assessment Tool Subscription

To gain access to the Program Assessment Tool and other services, a program must sign up for a subscription by completing the EMAP Subscription Order Form provided in the information package or on-line at www.emaponline.org and submitting appropriate payment. An EMAP subscription is valid for one calendar year and is renewable for a 5% discount if received 30-days before subscription expires.

<u>Number of Subscriptions</u>	<u>Subscription Fees</u>
1	\$450
2-25	5% discount
26-50	10% discount
51-100	15% discount
101 – over	20% discount

The subscription package consists of the following:

- Unlimited license to the EMAP Program Assessment Tool for one calendar year;
- Within first 30 days of subscription, free 30 minute webinar/training session and EMAP staff support on instructional tutorial for the Program Assessment Tool;
- Each subscription waives registration fee to attend the Accreditation Manager Training and obtain programmatic information and tools to guide jurisdiction through EMAP process;
- Unlimited access to online forum for EMAP support with standards and compliance issues;
- Unlimited access to webinars for standards training;
- Access to EMAP video library on preparing for an assessment;
- Document peer-reviews of self-assessment (2 specific standard areas) that culminate in a report for the jurisdiction;
- Unlimited access to best practices and model plans that meet compliance with EMAP standards; and
- Opportunities to participate on standards development work groups.

Subscription fee can be paid by a program up front or the program can sign up for monthly or quarterly installments through EMAP. Delinquent accounts policy- After 60 days, delinquent account is frozen and access to tool and restricted area of web site denied. After 90 days, to gain access a program will pay 1/3 subscription fee for delinquent service charge. After 120 days, program will be required to re-purchase subscription and license for one-year without the installment option.

STEP 3: Self-Assessment

Accreditation Manager

The program should select an accreditation manager and send their name to EMAP for contact and training purposes. The accreditation manager will coordinate the EMAP process including self-assessment, obtaining and documenting evidence of compliance with EMAP standards and other scheduling and oversight activities. The accreditation manager is the program's point of contact with EMAP.

Self-Assessment Plan

The accreditation manager should create a plan that outlines the stages of the self-assessment, the documentation of compliance process, and the on-site assessment process. The plan should act as a framework document and include goals, dates, and key milestones.

Conducting Self-Assessment

The Accreditation Manager will lead the candidate's review of its activities and capabilities against the *Emergency Management Standard* to determine programmatic compliance.

The EMAP Program Assessment Tool will help guide the program's self-assessment through the standards and allows printing of reports to track standards completed, compliance status entered, and steps needed to reach compliance (if program populates relevant fields). If non-compliance is found for a standard, the accreditation manager may want to work with the program's director or self-assessment team to determine whether it is feasible to take steps immediately to begin to work toward compliance. Weaknesses identified in the self-assessment will drive the priorities and schedule for achieving accreditation and planning for on-site assessment. For areas identified as compliant, documents showing compliance -- called "proofs of compliance" -- should be gathered and listed in the EMAP Program Assessment Tool with a rationale, or explanation of how or why the document listed supports compliance. Even for standards for which the program does not initially find itself compliant, it should list existing documentation in the tool so that its developing case for compliance is recorded and can be built upon as the self-assessment and remedial activities progress.

Existing Files Review

The accreditation manager should review existing files, how they are organized and who maintains them to facilitate locating documentation materials. It may be helpful to create working files, organized by each standard chapter to give the accreditation manager a view of the documentation existing within the program and assist in identifying gaps. This will give the accreditation manager an idea of the work to be done in assembling materials and determining a target time frame for applying for on-site assessment. Documentations of program review activities such as self-assessment results, periodic reviews, analyses, audits, inspection, also may be helpful.

Scheduling and Tracking Progress

As the program's plan for assessment progresses, the accreditation manager will develop an estimated completion date of the self-assessment to allow the accreditation manager to begin planning for the on-site assessment and contact EMAP to schedule the program's on-site assessment week. When the program determines it will seek accreditation, it should submit an Intent to Seek Accreditation form (*Appendix B*). The Intent to Seek Accreditation indicates that there is a commitment at the executive level.

Submission of Self-Assessment

When the Candidate Program is satisfied it has completed all self-assessment and documentation activities, it submits the results of its self-assessment via the EMAP Program Assessment Tool or by forwarding paper Proof of Compliance Record (PCR) forms to outline its compliance with the *Emergency Management Standard* by EMAP. It submits a form indicating that it is prepared for on-site assessment. (*See Appendix D.*)

EMAP Review of Self-Assessment

EMAP reviews the self-assessment materials to determine it appears the program has addressed all components needed to proceed to on-site assessment and begins planning for the on-site assessment. If omissions are found, EMAP staff may suggest that the program provide additional information before the program proceeds to on-site assessment. When the

review is complete, EMAP works with the accreditation manager and the assessor team leader (ATL) to develop an on-site assessment schedule.

STEP 4: Application for Accreditation

When the program decides to apply for accreditation, it submits the Application for Assessment/Accreditation form, (*see Appendix C*) and accreditation application fee (See chart, right for application fees) to EMAP thus becoming an accreditation candidate.

EMAP will determine if the program is eligible to continue in the EMAP process will notify the program. The eligible accreditation candidate has eighteen (18) months to complete self-assessment from the date of its application. (An extension beyond the 18 months may be requested; additional fees may apply.)

If EMAP determines that the program is not eligible to apply for accreditation, the program is so advised, and the accreditation application fee is refunded. The program may then withdraw its application or appeal the decision.

STEP 5: Preparation for On-Site Assessment

Documentation of Compliance

It is in the best interest of a accreditation candidate to prepare an organized and well-documented self-assessment file. To save time during the on-site assessment, it is important that EMAP documentation materials be organized to facilitate easy check of documentation against the accreditation standards.

The assessor team will be trained to review proofs of compliance in documentation files as explained on the next page. Proofs not organized in this manner are likely to require additional time and additional cost to the accreditation candidate as the team will spend more time determining whether the program has attained compliance.

Preparation of Documentation Files

For each of 63 EMAP standards, the accreditation candidate jurisdiction should prepare documentation with the following:

- Proof of Compliance Record (PCR) with listings of proofs of compliance for that standard, along with a rationale or statement for how each document or other proof supports compliance; and
- Copies of each proof of compliance document and/or specific reference or guidance for locating in original materials.

These components, illustrated opposite, should be organized together for each standard and placed in numerical order (by standard). “Standard” refers to each numbered subsection (e.g., 4.6.1)

EMAP Fees

Subscription

Good for one year \$450

Application

Based on jurisdiction's population

State/territorial programs

Up to 2 million	\$4,500
2,000,001 to 6 million	\$6,000
6,000,001 and up	\$7,500

Local (municipal/county/parish) programs

Up to 50,000	\$2,000
50,001 to 500,000	\$3,500
500,001 to 2 million	\$4,500
2,000,001 and up	\$6,000

On-Site Assessment

Accreditation candidate pay actual costs of EMAP assessors to conduct the on-site assessment, plus a \$5500 administrative fee. Primary costs of the on-site assessment include:

- Assessor travel to program location (usually will involve airfare)
- Ground transportation for assessors during assessment
- Hotel accommodations
- Per diem

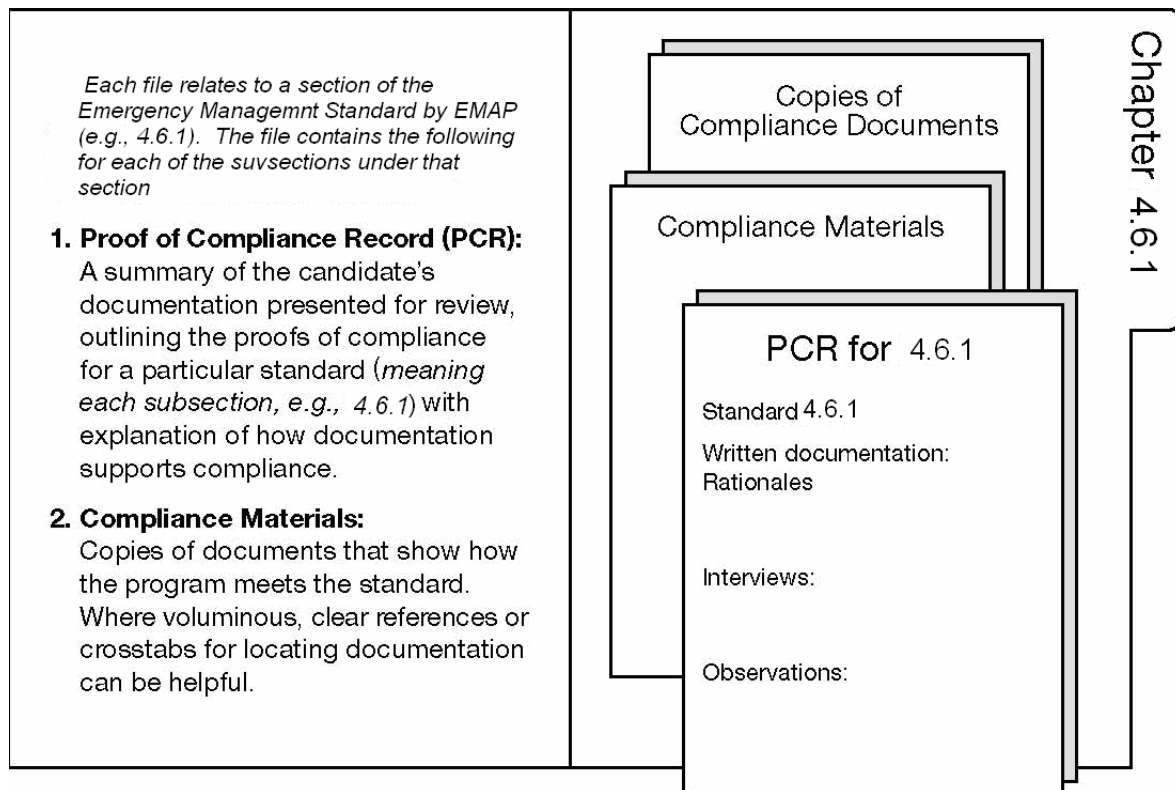
Preparation of PCRs and Compliance Materials

A PCR is the form used to show how the accreditation candidate documents compliance with each standard (meaning each numbered subsection, e.g., 4.6.1). Originally prepared on paper, it is now created using the EMAP Program Assessment Tool. Each standard must have a PCR form listing all proofs of compliance. A printed PCR is a worksheet that stays in the file and is used for reference and notations throughout the assessment process. An electronic (Word) copy of the PCR form is available to accreditation candidate on the EMAP web site. *(For paper version, refer to Appendix E.)*

The accreditation candidate prepares a PCR for each standard, listing its proofs of compliance—written documentation, interviews and observations—for that standard by printing from the PCR report section of the Program Assessment Tool. With each listed proof of compliance, the program should provide a brief justification for how the written document, interview or observation demonstrates compliance with that standard. This encourages the program to specifically consider if that proof supports compliance and provides assessors the program's rationale regarding that standard in preparation for the on-site assessment and during on-site review. Areas set aside for assessor use only will be used later by assessors in their review of the program's proofs of compliance.

Compliance is demonstrated in the following manner:

Written documentation— Written documentation includes copies of plans, policies, procedures, rules, regulations, directives, orders, memoranda, or other guidance and direction to program personnel about how the program is conducted. Written documentation is the *primary* form of compliance and is required as proof of compliance for all 63 standards.



In the Program Assessment Tool, the accreditation manager should cite the specific section, pages, or paragraphs of each document relevant to the standard. Compiled documentation will then include a copy of the source with the relevant sections highlighted or otherwise prominently noted. Often, supporting documentation will be too bulky to include in every file for which it applies; in those cases, the specific location where the documentation may be found should be listed and the files made available to the assessor team during the on-site assessment.

In addition, the locations of documents that demonstrate that the policies, plans, and procedures listed on the PCR are being followed, such as records, logs, financial reports, budgets, training records, photographs, after-action reports, operational forms, and other written or visual forms of evidence, should also be listed on the PCR as written documentation.

When compiling compliance materials, it is preferred that the accreditation manager highlight or clearly flag the sections within each supporting document that relate to the standard. If the standard requires the existence of a plan, procedure, or policy document, with no specifications on the content, the title of the document may be highlighted and the document listed on the PCR and filed in the documentation file(s). If the standard requires specifics to be addressed within the document, the accreditation manager should make an effort to highlight the appropriate section(s). For standards containing several criteria, the criteria that each section is meant to support should be identified. For each document listed, a justification should be provided describing how the document supports compliance.

A written proof of compliance that is “draft” or otherwise new will be reviewed by assessors in accordance with the program’s policies about promulgation or approval and will be scrutinized to determine if the document is in fact use by the program. The EMAP Commission has stated that a draft or incomplete document, absent proof that it is the document in use, is not appropriate proof of compliance.

Questions a program should be prepared to address include:

- How long has the document been "draft" (just created? ever implemented?)
- How widely known and accepted is the document or procedure -
 - Is there documentation showing approval or recognition as the operating document?
- Is there documentation showing distribution, dissemination, exercise
- What process is used by the program for policy development, including review and vetting?
- Is there documentation of status of that process?
- Has it been followed and completed?

Interviews— Written documentation can be supplemented and/or verified by verbal explanation and details obtained through interviews with program personnel. The accreditation candidate should include on the PCR names, organization, contact information, and relevance to the standard for individuals who will be valuable interviewees for that standard. The accreditation candidate will be expected to make the interviewee available or schedule an interview with the individual during the on-site assessment. For each interview listed, an explanation should be provided describing how the interview will support compliance. Interviews are helpful in clarifying and verifying compliance issues; however, information gathered verbally in interviews is not by itself sufficient to indicate compliance.

Direct Observation—Observed compliance by an assessor extends to the existence of materials, supplies, equipment, facilities, and other tangible items. Where compliance is expected to be supplemented or demonstrated through direct observation, a specific description, including location name, address, and contact person, should be identified on the PCR. Examples would be the demonstration of performance of equipment or systems, such as communications equipment or computer software, or scheduled activities that can be observed by the assessor team, such as training sessions. The accreditation candidate should be prepared to schedule an opportunity for the assessor team to observe the item(s) or activity(ies) during the on-site assessment. For each observation listed, a justification should be provided describing how that observation will support compliance with the standard. Direct observations are helpful in verifying compliance issues; however, each standard requires written documentation for which observation or demonstration is not a substitute.

STEP 6: On-Site Assessment and Report

Scheduling the On-Site Assessment

When it determines it is ready for on-site assessment. The accreditation candidate submits to EMAP a Request for On-site Assessment (*Appendix D*). EMAP staff confirms that the accreditation candidate has submitted its self-assessment within 18 months from its application for accreditation and works with the candidate's accreditation manager to set an on-site assessment date. The date chosen will be mutually acceptable to EMAP staff, the assessor team, and the accreditation candidate. The date of the on-site assessment is confirmed in a letter sent by EMAP.

On-site assessment is generally accomplished in one work week (Monday through Friday at the accreditation candidate's location). The assessor team will arrive the day before the on-site assessment is to begin and will work to complete the process in five working days, including visits to other locations or offices necessary to conduct document review and interviews.

On-site Assessment Cost

The accreditation candidate pays the cost of its on-site assessment (except in circumstances in which and assessment is being financially supported through grant or cooperative agreement project funds). EMAP will estimate the cost of conducting the on-site assessment and will add an administrative fee of \$5500 (including photocopying, postage and telephone cost for the assessment). On-site assessment cost estimated will include: airfare; ground transportation and accommodations and meal (per diem) expenses for the assessor team. EMAP prepare an invoice for the total and sends it to the accreditation candidate for payment prior to the on-site assessment. If the paid estimate exceeds the actual cost of the on-site assessment, EMAP will refund the balance to the accreditation candidate at the conclusion of the assessment. If the cost are higher that the estimate, the accreditation candidate will be invoiced for the additional cost. The accreditation candidate must remit payment of the on-site assessment cost as soon as possible and in no case later than twenty-one (21) days before the scheduled date of the on-site assessment. Failure to pay on-site assessment cost within this time frame will halt the accreditation process.

Conditional On-site Assessment

EMAP will estimate the cost of conducting the conditional on-site assessment and will add an administrative fee of \$500. Conditional on-site assessment cost estimated will include: airfare; ground transportation; accommodation and meal (per diem) expenses for the limited

assessor team; and the administrative fee covers photocopying, supplies, postage and telephone cost for the assessment. EMAP will follow the same invoicing policy as the regular on-site assessment.

The On-Site Assessment Schedule

The accreditation candidate works with EMAP staff and the assessor team leader (ATL) to create a working schedule or plan for the on-site assessment. The accreditation manager provides information about documentation and facility locations, assessor team work space and computer access, personnel availability, and other logistics arrangements on the form(s) provided to inform development of the schedule. (See *Appendix F.*) The schedule allows both accreditation candidate and EMAP staffs to plan and coordinate their respective activities effectively. The accreditation manager will coordinate the on-site assessment with the assessor team leader (ATL). Management of the team schedule and activities will be conducted by the ATL to ensure that the team completes its work on time and with appropriate detail and consistency.

Assessor Team Selection

EMAP engages a team of assessors from its established pool of trained assessors who indicate no conflict of interest with the accreditation candidate to be assessed and accept the invitation to serve as on-site assessors of the accreditation candidate. Assessors abide by the EMAP Code of Conduct. (See *Appendix K.*)

Review of Assessor Team Members

The accreditation candidate is notified of the names of the planned assessors and may object to an assessor on the basis of conflict of interest by notice in writing to EMAP staff within 14 days of the communication identifying the assessors. Optional assessors may be offered by EMAP if needed. Details are worked out by accreditation candidate personnel and EMAP staff if adjustment to the team's composition is warranted. EMAP reserves the right to make the final decision on selection of assessors.

Assessor Team Preparations

The accreditation candidate's primary point of contact with the assessor team is the assessor team leader, who manages the on-site assessment and work of the assessor team. Members of the assessor team are supplied information about the program in advance of the on-site assessment, including copies of the application and organizational structure, and have access to the program's Program Assessment Tool results.

Team Arrival and Assessment Entry Briefing

At the start of business on Monday, the assessor team will arrive at the location of the candidate. The accreditation manager and the assessor team leader will conduct an orientation or entry briefing including the assessor team, accreditation manager, program director, and staff, as determined by the accreditation candidate to provide an overview of the on-site assessment process, the assessor team's work, and the accreditation candidate's program. The briefing offers the accreditation candidate the opportunity to provide an overview of its program, including basic information, hazards, organizational and operational structures, key facilities, programs, and issues, and other items of interest.

The accreditation manager should provide a brief tour of facilities so assessors can become familiar with the area in which they will be conducting the assessment and the

location of some of the personnel with whom they will interact. During this tour, the assessor team should be shown the location of accreditation files and the team working area, with any supporting equipment or administrative support, for performing the assessment. The accreditation manager should also provide the assessor team with a roster of employees, phone numbers and agency points of contact appropriate for interviews and other functions. The rest of the first day will be spent reviewing documentation to determine compliance with EMAP standards.

Participating in the On-Site Assessment

The assessment is conducted in accordance with Commission-approved policies and procedures. Assessors' primary activities include examining compliance documents, conducting interviews and observations, recording their findings, and conducting an exit briefing with the chief executive or program director at the conclusion of the on-site assessment.

Prior to the conclusion of each day during the assessment, the assessor team leader, the accreditation manager and if so desired, the program director or chief executive will meet to review the assessment progress so far. During this meeting, the assessor team leader will provide information about compliance status and progress of the assessment.

Questions/Non-Compliance

If the accreditation candidate is potentially not in compliance with a standard, this information will be communicated by the ATL to the accreditation manager, allowing the accreditation candidate to provide additional documentation compliance while the team is on site, if appropriate. It should be understood by the accreditation manager and the chief executive that any communication from the assessor team at this point is a preliminary assessment. Findings are not complete until the team's assessment report is finalized and is reviewed by the Program Review Committee. The ultimate decision regarding accreditation will be made by the EMAP Commission.

Exit Briefing

On the final day of the on-site assessment, the team will provide an exit briefing to the program director, chief executive, accreditation manager, and other staff as desired by the accreditation candidate. The exit briefing generally will begin at 1 p.m. and conclude by 2:30 p.m. During the briefing, the assessor team leader will provide an overview of what transpired during the assessment. Each member of the assessor team will highlight their preliminary findings for the standards they were assigned to assess. If the program is non-compliant in an area, a verbal description of the basis for non-compliance will be provided during the exit briefing.

The exit briefing is not designed as a forum to debate compliance or standards application issues or to submit additional documentation. If the program director or accreditation manager is dissatisfied with the findings and recommendations of the assessor team, the ATL will refer him or her to the remaining accreditation steps, including the opportunity to submit supplemental compliance documentation within 30 days after the last day of the on-site assessment, to respond to the assessment report, and to send a representative to the Program Review Committee.

For the benefit of the accreditation candidate audience, the ATL will offer an explanation as to the process for presenting assessment findings to the Commission in the assessment report. The ATL will provide the accreditation manager and program director evaluation

forms to encourage feedback on assessment process and standards. The accreditation candidate evaluation forms will be used to improve the process, the assessor roles, and the *Emergency Management Standard by EMAP*.

Assessment Report

After completion of the on-site assessment, the assessor team leader will prepare a draft assessment report for review and completion by the assessor team. The report and other appropriate attachments provide necessary information for an accreditation recommendation by the Program Review Committee and decision by the EMAP Commission. A copy of the team's report, when completed, is provided to the accreditation candidate's director or chief executive. If EMAP receives supplemental compliance documentation after the on-site assessment is completed (within 30 days as noted above), the applicable assessor and the team leader will be expected to review this supplemental compliance and to include their findings within the assessment report.

For areas of non-compliance not documented or addressed within 30 days of the on-site assessment, the accreditation candidate should create a plan to address those areas within nine months. This plan should be provided to EMAP with the accreditation candidate's comments to the assessment report; the plan will travel with the report to the Program Review Committee and Commission and may be the basis for granting conditional accreditation (*see possible accreditation decisions below*).

The assessment report will include: findings regarding compliance with the *Emergency Management Standard by EMAP*; references to documentation of compliance reviewed; and information about operational programs, policies, or procedures that the assessor team considered noteworthy. The accreditation candidate's comments and work plan to address areas of non-compliance in no longer than nine months will be provided to the Program Review Committee with the assessment report

STEP 7: Committee Review and Recommendation

Committee Review

The Program Review Committee receives the assessment report, and the accreditation candidate is placed on the agenda of the next Program Review Committee meeting. The accreditation candidate receives a copy of the final report along with notification of the meeting at which the Program Review Committee is scheduled to review its application. The accreditation candidate may provide comments to the report, which will be provided to the Program Review Committee for its review. If there are areas of non-compliance noted in the assessment report, the accreditation candidate should provide to the committee a plan for how it will address all areas of non-compliance within nine months (required to be considered for conditional accreditation). Accreditation Candidate representatives may attend the meeting at which their program is considered to address questions that may arise. The accreditation candidate should notify the Commission if it will have a representative present. Accreditation Candidate representatives will be excused from the deliberation portion of the Program Review Committee meeting. (*See Appendix H.*)

Members of the Program Review Committee will receive and review the accreditation candidate's application, assessment report, program comments, and material submitted for the committee's review by the program, including the program's plan for addressing areas of non-compliance. Should the program experience a disaster during this time, impacting its preparation for or participation in the committee's review, it may request deferral. (*See Appendix H.*)

Committee Recommendation Regarding Accreditation

After review of the application and assessment report for the accreditation candidate and after appropriate deliberation, the Program Review Committee shall decide, by majority vote, its recommendation of one of the following designations:

1. ***Accredited.*** The accreditation candidate is in full compliance with all standards
2. ***Conditionally Accredited.*** The accreditation candidate has not achieved the required compliance with standards but appears to be in a position to do so. The commission confers a probationary accreditation status, not to exceed nine (9) months, requiring that the accreditation candidate take specified measures to address conditions threatening or preventing compliance. During the specified conditional accreditation period, the accreditation candidate must remedy deficiencies by pursuing the plan of action submitted to the Program Review Committee and EMAP Commission. A conditionally accredited program may not hold itself out to the public as having achieved accreditation.
3. ***Accreditation denied.*** The commission determines the accreditation candidate has not complied with the *Emergency Management Standard by EMAP*, and factors described in paragraph (2) above are not applicable or appropriate. Feedback regarding deficiencies is provided to the accreditation candidate with encouragement to work toward improvement and compliance. In reaccreditation decisions or other instances:
4. ***Accreditation lapsed.*** The accreditation candidate has not reapplied for accreditation and documented its compliance with standards. The commission regards the accreditation candidate as no longer accredited. The accreditation candidate is required to remove from view any indications of accredited status.
5. ***Accreditation withdrawn.*** Apart from the above four commission-initiated designations, an accreditation candidate may decide to discontinue its participation in the accreditation program. If so requested, the commission will designate the accreditation candidate as “withdrawn.” In such a case, the accreditation candidate must remove from view any indications of accredited status.

STEP 8: Commission Consideration of Committee Recommendation

At the next meeting of the Commission following the Program Review Committee’s recommendation regarding a candidate’s application, the committee’s recommendation will be reviewed by the Commission.

The Commission’s deliberations culminate in a motion to grant or deny accreditation using the designations above. If accreditation is approved, Commission staff advises the accreditation candidate. The date of this decision becomes the program’s accreditation date, which will be the basis from which all future maintenance and reaccreditation timelines will be calculated. Accreditation is valid for five (5) years.

If accreditation is denied, the Commission advises the accreditation candidate of the Commission’s decision and areas of non-compliance. If the accreditation candidate is conditionally accredited, it will be provided information about conditional accreditation

review and the standards to be addressed during its conditional period (*Appendix I*). See also *Appeals Section*, page 15.

STEP 9: Accreditation Certificate Presented

If the program is accredited, soon after the Commission meeting, the accreditation candidate will be provided a letter from the Commission conferring accredited status, a certificate of accreditation and other appropriate visibility items.

An accredited or conditionally accredited program may conduct a recognition ceremony to publicize its accreditation status. Representatives of the Commission may be available to participate in the ceremony; the cost of such participation is borne by the accredited program.

STEP 10: Accreditation Process Critique

Accreditation candidate programs are afforded an opportunity to critique the accreditation process. An evaluation form will be provided to the program contact by the EMAP Commission to solicit feedback on the standards and the accreditation process. Feedback from candidate programs will be used to adjust and improve processes, standards, and materials. The critique process does not affect accreditation outcome.

C. Maintenance and Reaccreditation Process

Maintaining Records

EMAP requires that programs create and maintain up-to-date accreditation-related files between accreditation on-site assessments to demonstrate that the program continues to meet standards. Keeping self-assessment results, assessment report, and supporting documentation is a simple way of tracking compliance and identifying areas in need of improvement, making documentation easier in the future.

Maintaining Compliance and Annual Reports

Accredited programs are expected to maintain compliance with EMAP standards, keep proof of compliance up to date, and conduct their activities in accordance with EMAP's goal of continuous improvement.

The Commission will provide access to the electronic EMAP Annual Report form to the program in advance of each annual accreditation anniversary. The EMAP Commission has determined that each program accredited from October to March will need to submit their annual report on April 30th and each program accredited from April to September will need to submit their annual report on October 31st. In the report, the accredited program declares its continued compliance with applicable standards. If the Commission has approved new or revised standards that have become applicable, the accredited program describes its status as to compliance. When the annual report is returned, the Commission will review it and coordinate with the accreditation manager if additional information is needed. Annual reports are retained in the accredited program's file.

If non-compliance has occurred during the preceding year, the program will provide details on the standards with which it is not in compliance, the changed conditions resulting in non-compliance, and steps being taken to achieve compliance.

If the accredited program decides not to pursue reaccreditation, it remains obligated to fulfill the maintenance requirements for the full period of accreditation.

Loss/Revocation of Accreditation

An accredited program may lose its accredited status for the following reasons:

1. Documented substantial and ongoing non-compliance with the *Emergency Management Standard, by EMAP* as determined by the EMAP Commission;
2. Failure of a conditionally accredited program to comply with the *Emergency Management Standard, by EMAP* within the time period specified by the Commission in its award of conditional accreditation status; or
3. Fraud or deception, including administration of funds or obtaining accredited status.

Revocation of accreditation will occur only after the program has been given an opportunity to respond to the allegations or bases for non-compliance. The Program Review Committee will consider such cases and make a recommendation to the full Commission. The committee and Commission may leave the program's accreditation status intact, may place the program on conditionally accredited status, or may revoke the program's accreditation status.

Reaccreditation

During the fourth year of accreditation, the accredited program decides whether to pursue reaccreditation. If it chooses to pursue reaccreditation, the accredited program must complete the application process, beginning with registration. A program seeking reaccreditation may be eligible, as an accredited program, for reduced rates for registration and application. In addition to documentation of current program compliance, reaccreditation requires copies of the program's annual reports for the previous accreditation period. If the accredited program no longer chooses to maintain accreditation, it may allow its accreditation to lapse following the five-year period of maintenance.

D. Appealing an EMAP Commission Decision

Appealable Decisions

The following decisions of the EMAP Commission may be appealed:

1. Denial of eligibility for accreditation application
2. Denial of accreditation
3. Conditional accreditation
4. Revocation of accreditation

The director or chief executive of the accreditation candidate may challenge an appealable decision within thirty (30) days of receipt of written notice of the EMAP Commission decision. The appeal must be in writing and must specify the grounds on which the appeal is made. A nonrefundable appeal fee of \$500.00 must be submitted with the program's letter of appeal. The Appeals Panel of the EMAP Commission serves as the appeal agent for accreditation decisions.

Appeals Panel

Within 30 days of the receipt of the program's letter of appeal, the EMAP Commission shall appoint an ad hoc Appeals Panel of three members and three alternates, none of whom will have had affiliation with the program filing the appeal or with the accreditation process related to the program. EMAP will confirm the willingness and availability of the panel and alternates to serve and notify the program of the proposed date for appeal review. The appellant program will have the opportunity to review the names of prospective Appeal Panel

members and to challenge them for due cause (e.g., conflict of interest, bias or other prejudicial infirmity). The EMAP Commission will rule on such challenges.

Basis for Appeal

An appeal is not a new review of the program's application; it is a review of the commission's decision regarding the program's application. An appeal is a challenge of the decision of the EMAP Commission based on the evidence before the commission at the time of its decision. The appeals process will not include additional corrective actions or similar changes.

Appeal Process

Procedural and substantive issues addressed by the Appeal Panel will be limited to those stated in the program's appeal letter. Only facts and materials that were before the EMAP Commission at the time of its decision may be considered by the panel.

At least 30 days before the Appeal Panel's review, EMAP will provide the appellant program a list of documents and materials included in the file as considered by the EMAP Commission. Objections regarding materials or documentation provided must be made to EMAP not later than 15 days before the scheduled appeal review. The Appeal Panel will consider the appeal, either in a physical meeting or via conference call, no later than 90 days after receipt of the appellant program's letter of appeal.

Appeal Decision

The EMAP Commission's initial decision shall be affirmed unless:

1. a procedural error and/or adherence to proper procedures would dictate a different decision; or
2. based on the record, the EMAP Commission's decision was plainly wrong or without evidence to support it.

The Appeal Panel has these options:

1. upholding the EMAP Commission decision; or
2. returning the matter to the EMAP Commission for reconsideration of its decision in light of the panel's ruling regarding procedural violation(s) or substantive error(s).

The report of the Appeals Panel and the basis of their decision related to the records shall be provided to the EMAP Commission within 30 days of the panel's review. Copies of the report shall be provided to the appellant program.

E. Complaints Against Accredited Programs

Complaints or allegations of incidents of non-compliance of accredited programs will be reviewed and acknowledged as described below. The accredited program will be notified and furnished with a copy of the complaint.

A complaint is not a mechanism for adjudication of disputes between individuals and programs. Procedures for handling a complaint against an accredited program are intended to deal with complaints based on purported lack of program consistency with the *Emergency Management Standard by EMAP*. A complaint that raises issues that are the subject of pending litigation will not be processed until the litigation has been concluded.

Complaints must be filed in writing within one (1) year from the time that the alleged non-compliance occurred or came to the attention of the complainant, whichever is later.

To be processed, a complaint must:

1. Be in writing and signed;
2. Identify the individual, group or legal entity making the complaint;
3. Present specific facts and evidence (including supporting evidence) that the subject program is not in compliance with one or more element of the *Emergency Management Standard by EMAP*;
4. Describe the status of legal action if any exists related to the facts of the complaint; and
5. Grant permission to send a copy of the complaint, in its entirety, to the accredited program against which the complaint is made.

Receipt of a complaint that meets the above requirements will be acknowledged by EMAP within 30 days, and a copy of the complaint will simultaneously be sent to the accredited program. The accredited program will have 30 days to respond to the complaint. The accredited program's response must be from the program itself and not from a third party acting on the program's behalf. The complainant may be asked to respond to information provided by the program. The EMAP Commission will review a complaint against an accredited program at its first regularly scheduled meeting after the receipt of the program's response. The EMAP Commission may, after review, act upon the complaint or defer action pending receipt of additional information.

The Commission, through its staff or committees, reserves the authority to dismiss complaints determined to be non-substantive or frivolous. (Receipt of a complaint regarding a program going through the accreditation process will be processed in a similar manner as part of the on-site assessment or committee review rather than going first to the full EMAP Commission.)

The complaint will be placed in the program's file along with any response from the program. The EMAP Commission will communicate in writing its action on the complaint to the complainant and the program. The resolution of the complaint will be recorded in the program's EMAP file.

III. About the EMAP Commission

A. Purpose

The purpose of the Emergency Management Accreditation Program (EMAP) Commission, is to evaluate and improve the delivery of emergency management services to the public through accreditation of state and local government emergency management programs. Specifically, the commission's purposes include:

- To establish and maintain standards for emergency management programs.
- To administer an accreditation process that encourages a candidate to bring its program into compliance with those standards.
- To oversee or conduct a process of self-assessment, documentation and on-site assessment of the candidate's compliance with established standards.
- To formally acknowledge compliance of a program by issuance of a certificate of accreditation.
- To accept fees, grants, gifts, bequests and other contributions that supports the purposes of the Commission.

- To develop and maintain close working relationships with national, regional, state and local associations and agencies in the emergency management and related fields for mutual growth and benefit.
- To educate legislative and executive branches of government and the public on the importance of fully capable emergency management programs at all levels of government based upon high standards.
- To ensure that the business affairs and the programs of the Commission and its affiliates are conducted on a nondiscriminatory basis.
- To promote the concept of voluntary self-regulation inherent in the accreditation process.
- To cooperate with other private and public agencies in a manner that will lead to the improvement in the accreditation program and the delivery of emergency management services.

B. Commissioners

The Commission is composed of ten commissioners who are appointed by the National Emergency Management Association (NEMA), and International Association of Emergency Managers (IAEM); each organization will appoint five commissioners. Commissioners represent a broad spectrum of public and private sector groups and are appointed according to the following categories of stakeholders:

1. State emergency management (2 NEMA)
2. Local emergency management (2 IAEM)
3. State government elected officials representative (NEMA)
4. Local government elected officials representative (IAEM)
5. State government official, emergency responder, planner or public safety representative (NEMA)
6. Local government official, emergency responder, planner or public safety representative (IAEM)
7. Academic from emergency management discipline/field (IAEM)
8. Private sector emergency management representative (NEMA)

The Commission chairperson and vice-chairperson are selected from within the Commission and are chosen by the members. No chairperson shall be elected to more than two consecutive terms but may serve unlimited non-consecutive terms. The Chairperson and Vice-Chairperson shall be from different appointing association. Each commissioner holds office for three years or until his or her successor has been appointed. To ensure continuity on the Commission, the terms of office are staggered, with three seats expiring each year. Appointments are generally made each fall with service beginning on January 1.

C. EMAP Committees

The EMAP Commission has established three standing committees to consider its various activities and to make recommendations to the full commission. Final decisions are the responsibility and purview of the commission. The commission also appoints an ad hoc Appeals Panel upon receipt of an appeal. The panel is responsible for hearing, reviewing, and deciding appeals of accreditation decisions in accordance with EMAP policies and procedures.

1. The **Private Sector Committee** is responsible for identifying and, as directed by the EMAP Commission, initiating contact with potential partners in the private sector, exploring opportunities to use EMAP standards and assessment in the private sector, and learning about the requirements of private sector certifications. The Private Sector Committee works with companies, individuals, and organizations to encourage private sector understanding of and involvement in EMAP.
2. The **Program Review Committee** is responsible for considering programs being presented for accreditation, using assessment reports prepared by assessor teams, and making recommendations regarding accreditation status.
3. The **Technical Committee** is responsible for developing new or revised language for the standards and the process, reviews, appeals, interpretations, compliance enforcement, on-site assessment materials, assessor training, self-assessment guidance and other training and education activities.
4. An ad hoc **Appeals Panel** will be appointed by the Commission upon receipt of an appeal. The panel is responsible for hearing, reviewing, and deciding appeals of accreditation decisions and standards language in accordance with EMAP policies and procedures. (*see Chapter VI, section B*)

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Sample Executive Memorandum Regarding EMAP Assessment

MEMORANDUM

To: _____
Hheads of all departments /offices/organizations
with emergency /disaster responsibilities*

From: _____
Jurisdiction's chief executive (preferred)
and/or emergency management agency director

Date: _____

Re: Assessment (and Accreditation?) Effort

Our (state/county/city. ect.) takes pride in its efforts to prepare and protect out residents. In keeping with out emphasis on improving disaster preparedness and response capabilities, we are undertaking an assessment (and accreditation?) effort using the accepted national standard and accreditation process, The Emergency Management Accreditation Program (EMAP).

Self- assessment using the *Emergency Management Standard by EMAP* will provide a comprehensive look at our emergency management system against national standards and identify strengths and weaknesses. It is important to note that *Emergency Management Standard by EMAP* and assessment look at a jurisdiction's entire system for dealing with disaster – not just the department or office that is labeled or tasked with “emergency management.” All departments and personnel that have a role in preventing, preparing for, mitigating against, responding to, or recovering from a disaster or emergency must be involved in our self-assessment, as no one department or agency has all the expertise, resources, and responsibility for dealing with significant disaster. We must work together before a disaster to be prepared to work together and serve the public during one. Information and documentation from your office will be vital in making the assessment comprehensive and valuable for our operations and our residents.

The lead for this effort will be _____(name) from _____(department agency). He/she will be acting as our assessment/accreditation manager. Please work with _____(name) to review your department's activities and responsibilities in dealing with emergencies and disasters of all types. You can expect to be contacted in the next few weeks to begin work on our self-assessment. After completion of the self-assessment, we may have identified areas where we need to make improvements to attain compliance with the standards. I ask for your assistance in both the self-assessment and the next-steps phases. I believe this process will result in better understanding of our multi-agency system for dealing with disasters and our needs for strengthening preparedness and response.

_____ and others will be using the EMAP Program Assessment Tool to enter information about compliance with national standards and steps identified to reach compliance.

The tool is secure and is accessible using our username and password. You or someone in your organization may be asked to assist with data entry into the tool for information about your department's activities.

To assist with the understanding of the assessment and standards, _____(name) will provide you and other staff you designate an orientation briefing on _____(date), at _____(time), _____(location). The briefing will not last longer than an hour and will involve as brief a range of participants from departments with disaster preparedness, prevention, response, and/or recovery responsibilities. Please confirm with _____ your availability no later than _____.

I appreciate your commitment of time and energy to this important effort. If you need additional information, please contact _____.

cc:

*Suggested briefing participants include executive-level representatives of, at a minimum, all agencies, offices/departments with a role in response and/or in your jurisdiction's emergency operation plan (e/g/, emergency support function or other area leads, including cross-cutting functions such as general services, chief executive government, public works, and information technology.



Appendix B

Intent to Seek Accreditation

To: The Emergency Management Accreditation Program (EMAP)
P.O. Box 11910
Lexington, KY 40578-1910
Fax: (859) 244-8239
E-mail: emap@csg.org

Re: Intent to Seek Accreditation

In that our jurisdiction recognizes the importance of maintaining a strong and well-prepared emergency management program, I hereby provide notice to the EMAP Commission that the _____, the emergency management
name of program
program for the _____ of
type of jurisdiction (e.g., state, county)
_____, plans to see accreditation by the Emergency Management
name of jurisdiction
Accreditation Program (EMAP) and will proceed in accordance with the steps and policies of the accreditation process.

Chief Executive

Title

Date

(This page was intentionally left blank.)



Application for Accreditation

1. Program name _____
2. Program mailing address _____
3. Program physical address _____
4. Telephone _____ 5. Fax _____ 6. Web site _____
7. Program director's name & title _____
8. What jurisdiction/area is the program responsible for? (name of state, county, etc.) _____
9. Population of jurisdiction (note source; 2000 census preferred) _____
10. Number of full-time employees or equivalent _____
11. When program established (*date or year*) _____
12. Statutory/ordinance reference
(*citation to law creating or recognizing program*) _____
13. Date of last completion of a comprehensive program assessment _____
14. How long do you estimate your self-assessment for accreditation purposes will take?

15. Are any of the following located in your jurisdiction?
 - ☐ a) Military installation
 - ☐ b) Nuclear facility
 - ☐ c) Hazardous waste storage or disposal facility
 - ☐ d) Dam(s)
 - ☐ e) Chemical plant(s)
 - ☐ f) International or hub airport
 - ☐ g) Biohazard lab or facility
 - ☐ h) Other special facility(ies) _____
16. Are there unusual or notable features or aspects of your program that EMAP should be aware of when preparing for review of your program? (*attach additional pages if desired*)

(continues on next page)

Appendix C, continued
EMAP application, page 2

17. How many offices/locations does your program have? *(please explain)* _____

18. Program's contact person (and title) for accreditation *(accreditation manager)* _____
19. Contact telephone numbers _____
20. E-mail address _____
21. Preferred address for EMAP communications, if different from that provided above _____

22. Signature of program director _____
23. Name and title of jurisdiction's chief executive _____
(signature needed for accompanying notice of intent to seek accreditation)
24. Attach a copy of organizational chart or other explanation of program structure that describes or illustrates the program's organization, *including the emergency management agency or department and other offices, agencies, departments and organizations that play a role in the emergency operations plan for the jurisdiction.*
25. Attach a narrative (one-page) description of the program. This narrative should include the jurisdiction's top hazards, how the program is organized, and any unique features to the program.

Send to:

Emergency Management Accreditation Program (EMAP)
P.O. Box 11910
Lexington, KY 40578
859/244-8222
Fax: 859/244-8239



Appendix D

Request for On-Site EMAP Assessment

The _____ requests
scheduling for on-site assessment as part of the Emergency Management Accreditation Program (EMAP). Our program has completed its self-assessment and documentation and is prepared for on-site assessment. Attached are copies of 63 completed Proof of Compliance Record (PCR) forms.

Signed: _____ Date: _____

Name and title: _____

I understand that the duration of the on-site assessment and the size of the assessor team will be established after EMAP review of the materials we have submitted.

Following are weeks we propose for the on-site assessment of our program, in order of preference: *(EMAP cannot promise first choice, or any choice listed, will be available, but will work with the program to find workable dates.)*

_____ First Choice

_____ Second Choice

_____ Third Choice

Send to:
Emergency Management Accreditation Program (EMAP)
P.O. Box 11910
Lexington, KY 40578-1910
Fax: (859) 244-8239
E-mail: emap@csg.org

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Appendix E

Emergency Management Accreditation Program Proof of Compliance Record (PCR)

Candidate Program Name

EMAP standard

Prepared by (Accreditation Manager)

ASSESSOR USE ONLY

Assessor Initials

Date

☐ COMPLIANCE

☐ NON -COMPLIANCE

1. COMPLIANCE -Identify the source(s) that prove compliance and provide brief explanation of <i>how each supports your program's compliance</i> with the standard referenced above.	
Written documentation: 	
ASSESSOR USE ONLY 	
Identify the source(s) that prove compliance and provide brief explanation of <i>how interview supports your program's compliance</i> with the standard.	
Interview(s) with: 	
ASSESSOR USE ONLY 	
Identify the source(s) that prove compliance and provide brief explanation of <i>how each observation supports your program's compliance</i> with the standard.	
Observation of: 	
ASSESSOR USE ONLY 	

Appendix E, continued

2. ASSESSOR'S FINDINGS <input type="checkbox"/> COMPLIANCE <input type="checkbox"/> NONCOMPLIANCE	Comments:
Assessor signature _____ Date _____	
3. SUPPLEMENTAL COMPLIANCE (submitted w/in 30 days of on-site assessment) <input type="checkbox"/> Change finding to compliant <input type="checkbox"/> Did not change finding.	Documentation reviewed:
Explanation/finding:	

Electronic PCR is available online at www.emaponline.org.

On-Site Assessment Logistics Worksheet

Name of Program: _____
 Program physical address: _____
 Accreditation Manager: _____
 Accreditation Manager telephone/contact numbers: _____

Number of site assessors: _____ *(set by EMAP)*
 Dates of site assessment: _____
(set cooperatively by EMAP and accreditation candidate)

This section to be completed by accreditation candidate and provided to EMAP

Sleeping Accommodations

Hotel accommodations at: *(name of hotel)* _____
 Hotel address: _____
 Room rate: _____
 Hotel telephone number(s): _____
 Arrangements notes: *(direct bill arranged? Airport shuttle available, etc.)* _____

Travel

Closest airport(s): _____
 Recommended airline(s) (if any): _____
 Ground transportation arrangements: _____
 Transportation to program location from hotel to be provided daily? _____
 Approximate time from hotel to primary program location _____
 Other Logistics Issues/Arrangements _____

Send to:

Emergency Management Accreditation Program (EMAP)
 P.O. Box 11910
 Lexington, KY 40578-1910
 Fax: (859) 244-8239
 E-mail: emap@csg.org

Appendix G

Change of Address/ Contact Information

Program/individual name: _____

Point of contact: _____

Effective date of changes: _____

Old address: _____

Corrected address: _____

New telephone: _____

New fax: _____

New e-mail: _____

New web address: _____

Other corrections: _____

Date: _____

Name of person completing form: _____

Send to:

Emergency Management Accreditation Program (EMAP)

P.O. Box 11910

Lexington, KY 40578-1910

Fax: (859) 244-8239

E-mail: emap@csg.org

Program Review Policies

Guidance for Programs Undergoing Program Review Committee Review

Your program's application for accreditation will be before the EMAP Program Review Committee on _____ . Your program may have a representative available to participate in a portion of the Program Review Committee meeting (in person or by telephone); please let EMAP staff know if you plan to have someone present or if EMAP needs to arrange for a telephone line to contact your representative during the meeting. The committee's deliberation and vote on accreditation recommendations will be in executive session. It is recommended that if you have a program representative participate, he or she should be knowledgeable about: your program, details of its assessment, and plans for addressing any areas of non-compliance. The committee's confidential recommendation will then go to the EMAP Commission for consideration at its next meeting. The commission's deliberation and vote will take place in executive session.

Your program may provide comments to the assessment report, which will be provided to the committee and EMAP Commission along with the assessment report. In addition, if there are areas in which your program is not in compliance, you should submit a plan outlining how your program will address each area and including a completion date for each action. For conditional accreditation, a program must show that it can reach compliance in each area of non-compliance within nine months from the date of the EMAP Commission's decision of conditional accreditation. For full accreditation, a program must be compliant with all 63 standards.

Keep in mind that for conditional compliance, your program must show that it can be reasonably expected to address all areas of non-compliance within nine months from the date of the EMAP Commission's decision of conditional accreditation.

Please note that once the EMAP Commission has made a decision as to the accreditation status of a program, that decision will be considered as part of the group or class with other candidate programs voted on in the same meeting. In other words, it should not be expected that the EMAP Commission will denote a program as the "first" or "fifth" program, etc., accredited.

Deferral Option

A program typically will want to have a representative available either by conference call or in person at the Program Review Committee meeting at which its application and report will be considered for accreditation status recommendation. The program also will have been expected to respond to its assessment report and provided to EMAP a plan for how it will correct any areas of noncompliance within nine months.

Given the nature of the discipline of emergency management, it is understood that the timing of a committee meeting and the materials to be prepared for it may conflict with disaster or other urgent duties of the program and/or its director and lead staff. Should a program choose to do so, it may notify EMAP, no later than three (3) days before a Program Review Committee meeting, that it requests deferral of a decision on its application and report until the next conference call or meeting of the Program Review Committee, whichever comes first. In any event, the deferral will not be longer than two (2) months.

At the meeting at which the program is initially scheduled to be reviewed, the Program Review Committee may review and discuss the report and materials related to the program before it but will defer a recommendation on accreditation status until its next conference call or meeting, in advance of which the program will have provided its response and plan for addressing noncompliant areas, and may have a representative available to participate on its behalf.

Program Review Policies, continued

EMAP Program Review Committee Consideration:

- Review of assessment reports will be in closed or executive session (committee members only and staff if requested), except that a representative from each program seeking accreditation will be afforded the opportunity to make opening comments about the assessment and assessment report when the program's assessment report is presented to the Program Review Committee. The representative would also be available to answer questions that arise during the committee's review and consideration of the report.
- A representative of the assessor team(s) will be available via conference call, if possible, to address questions regarding each assessment report.
- The accreditation candidate representative would be excused at the time of the committee's deliberation and vote on its recommendation as to accreditation status for the program.
- Each accreditation candidate will be given a scheduled time to appear for review of that program's application and report before the committee. Should the committee not be prepared to review that program at the scheduled time, the program's representative will be asked for a contact number (hotel room or cell phone) so that he or she does not have to wait near the meeting room until the time for review of that program's report.
- The committee will make reasonable effort to keep to its schedule.
- The committee's recommendation regarding accreditation status for each candidate program will remain confidential. Neither committee members nor staff will divulge the committee's recommendation for accreditation status to a candidate program representative or anyone else not part of the executive session.

Before the EMAP Commission:

- The EMAP Commission will receive the accreditation status recommendations portion of the Program Review Committee report in executive or closed session
- The commission will receive report of the Program Review Committee from the committee chairperson and consider the committee's recommendations regarding accreditation without presentation or remarks from candidate program representatives.
- A candidate program representative may be informed by the commission or its chairperson of an accreditation decision after the commission meeting at which a decision is made; formal notification from the EMAP Commission will be provided to the program's director immediately following the meeting at which the accreditation decision was made.

Conditional Accreditation Review

Explanation: When a program seeking accreditation completes its on-site assessment with several areas of likely non-compliance, it is advised to submit a plan for how it will address those areas in a period of not more than nine months. These procedures provide a process for how a candidate program's activities addressing/correcting areas of non-compliance will be reviewed and verified by EMAP as part of the accreditation process.

A program that is granted conditional accreditation by the EMAP Commission has up to nine months to correct areas of non-compliance, as described in an action plan submitted by the program. Once a program has completed the remedial steps in its plan and can document compliance with areas of the *Emergency Management Standard by EMAP* previously not found in compliance, the program must notify EMAP of its request for conditional accreditation compliance review and provide EMAP with Proof of Compliance Record (PCR) forms describing steps taken and documentation supporting compliance for each standard for which the program was previously found non-compliant.

A program's remedial steps must be completed and PCR forms must be submitted to EMAP within nine months from the date of the EMAP Commission's conditional accreditation decision as to the program. The PCR forms must list and explain the relevance of available documentation in support of compliance.

It is the policy of the EMAP Commission that conditionally accredited programs shall, upon submission of Proof of Compliance Record forms documenting their compliance for standards at issue in the conditional period (those found non-compliant when conditional accreditation was granted), make their documentation available for review on-site. This will include EMAP sending one or more EMAP assessors to the conditionally accreditation program's location to review compliance documentation.

The presumption will be that on-site review will occur, with expenses for on-site review paid by the applicant program. EMAP will work with conditionally accredited programs to keep such assessor review costs to a minimum.

In cases of extreme hardship, a conditionally accredited program may petition the EMAP Commission in writing for remote (electronic) review of its compliance documentation. The petition must be received no later than one month prior to the end of its conditional period and must include the basis for waiver of in-person review. Approval of such requests is at the discretion of the EMAP Commission. In cases where remote review is approved, all compliance materials will be shipped by the program to the EMAP office in sufficient quantity (number provided by the EMAP office) to send to assessors. Remote review of compliance documentation will require that compliance documentation stand on its own; in other words, it will not require or receive explanation or discussion between assessors and program representatives apart from that which is submitted in writing for review.

EMAP will form an assessor team sufficient to review the information submitted, with a preference for assessors who served on the initial assessor team, and coordinate dates and arrangements with program staff. Costs of an assessment team visit to a candidate program for verification of conditional accreditation compliance will be borne by the program seeking accreditation, with payment in advance of an estimated provided by EMAP. Reconciliation of costs will be made after the assessment activity is completed.

(This process also will be followed should a candidate program complete its planned remedial actions by the date of the Program Review Committee review of its assessment report (but after the 30-day period for submission of supplemental compliance documentation). A report of compliance assessor(s)' findings would be included in materials provided to the Program Review Committee.)

Appendix J

Use of EMAP Accreditation Insignia

- The EMAP accreditation insignia is provided by the Emergency Management Accreditation Program to recognize programs that have achieved full accreditation. It must only be displayed by programs with current full accredited status, as approved by the EMAP Commission.
- The insignia is intended to be used to be a visible sign of a state or local emergency management program's achievement of accreditation. It may be used on jurisdiction paper documents (e.g., letterhead, forms), presentations, and equipment, etc.
- The insignia is intended for use in keeping with EMAP's holistic, program view of emergency management/preparedness. In other words, the insignia should be used by the jurisdiction as a whole and/or by all agencies with roles in emergency/disaster preparedness and response rather than only used by an emergency management agency or department. Use on agency printed materials is appropriate as long as it is offered for use to the broad set of agencies involved in the program.
- Approval to use the insignia is granted to accredited programs during the period of accreditation. Should a program's accreditation lapse (after five years with no reaccreditation) or be revoked, the program must immediately remove the insignia from all materials and locations associated with the jurisdiction.
- Accredited programs do not to represent the insignia or accredited status as a guarantee of safety from disaster.
- The EMAP accreditation insignia will be registered as a trade- or certification mark and may not be used on wearing apparel, lapel pins, or other items for individual distribution without express authorization from EMAP or purchase of such items from EMAP.

EMAP Code of Conduct

The value of accreditation depends to a large degree upon the work and credibility of the assessors who conduct on-site assessment of candidate programs and the committee members who make recommendations regarding accreditation status. To be meaningful, assessments must be conducted with maturity, objectivity, diplomacy and dedication. Assessors and committee members must project a demeanor of professionalism in conduct and appearance and must respect the confidential nature of the task. Contributing to successful service as an assessor are: initiative, expertise, cooperative spirit, flexibility, analytic approach, and tact. Following are guidelines to be acknowledged and followed by all EMAP assessors and Program Review Committee members. Provisions of sections II through V also apply to EMAP Commission members.

I. Knowledge

- A. Assessors have sufficient training and experience in emergency management and keep themselves up-to-date regarding issues and practices in emergency management and/or their specific area of expertise. Assessors may be generalists or subject-matter experts who are practitioners within the field of emergency management or a specific related discipline with emergency functions. They have a thorough understanding of emergency management principles and the *Emergency Management Standard by EMAP* and have completed EMAP Assessor Training

II. Appropriate Roles

- A. Assessors are a key component of the accreditation process in that they gather and provide information determining a candidate program's compliance with standards to EMAP. It is vital that assessors assume this responsibility conscientiously, recognizing and putting aside personal and organizational biases and needs. Assessors analyze documentation presented in relationship to the *Emergency Management Standard by EMAP* rather than in comparison to personal convictions or practices.
- B. Assessors socialize with candidate program personnel only in a manner and to a degree that does not compromise the integrity and credibility of the assessment and accreditation process.
- C. Assessors refrain from consulting or advising on accreditation preparation, corrective actions, follow-up, or related subjects with applicant or candidate programs for a minimum of 12 months in advance of or following an on-site assessment.
- D. Assessors respect candidate program personnel and avoid exploiting any eagerness to please the assessor team as an opportunity for the development of personal or business relationships.

III. Respect for Others

- A. Assessors conduct themselves and their responsibilities in a manner that is at all times respectful of others.

IV. Confidentiality

- A. Assessors respect the confidential nature of applicant program materials and refrain from revealing confidential information or the weakness(es) of a program to any individual who is not part of the assessor team, except as required to fulfill their role as assessors.

- B. Assessors respect the value and possible confidential nature of materials they review in the accreditation process and refrain from collecting or removing materials for use in his/her program or for any other reason unrelated to the assessment at hand during the assessment process. This does not preclude the assessor from requesting materials that he/she found of interest from program personnel, at his/her own expense.

V. Conflict of Interest/Bias

- A. Assessors serve on assessor teams evaluating candidate programs only in instances in which they are able to serve objectively and without bias. They recuse themselves from teams for candidate programs with which they have a relationship or history (e.g., former employee/employer or contractor of program or program personnel, relative of program personnel). This means an assessor will make known to EMAP that a potential conflict of interest or bias exists and will not serve on a team assessing that program. While professional acquaintances will be difficult to avoid, it is expected that assessors will use good judgment in evaluating real as well as perceived conflicts of interest that could taint the credibility of the assessment process.
- B. Assessors maintain the integrity of the accreditation process and avoid behavior that could create the perception of other motives for serving as an assessor, including recruitment of personnel from a candidate program to his/her own program or offering his/her own services to the program.
- C. While it is expected that assessors will gain valuable experience and information in serving, an assessor refuses and/or makes it clear that he/she would not accept a gift or item from a candidate program or its personnel, unless such item would be offered to any other visiting emergency manager.

Signature

Date

Name (type or print)